FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION											
•	O 11111 1			(See instruction	ons)					Offic	ce use only		
1.	NAME OF COMMITTEE (in	full)		heck if name changed)		nple: If typying, type the lines	Э	12FE	4M5	1 1	1		
L	ЕХХОЙ МОВІ	L CORPO	RATION P	OLITICAL AC	TION C	OMMITTEE (EX	XONI	MOBIL	PAC)			
Ш									ш				
ADD	RESS (number and	street)	PO Bo	(20503 					ш				
	(Check if addres	ss							ш	ш			
Χ	is changed)		Indiana	ipolis				LIN]	Ш	46220	<u> </u>	ш
					CITY			STATE	•		ZIP	CODE	•
COM	IMITTEE'S E-MA	AL ADDRES		-									
	(Check if addres	ss	outsou	rcing@stake	holder.c	om 							ш
					111		11		ш	ш			
COM	IMITTEE'S WEB	PAGE ADI	DRESS (URL)									
	(Check if addres	SS					ш		Щ	ш			ш
			ــــــــــــــــــــــــــــــــــــــ						ш	ш			ш
2.	DATE M	M / D	D / Y	2 0 1 0 Y									
3.	FEC IDENTIFICA	ATION NUI	IBER		C Coo	121368							
4.	IS THIS STATE!	MENT	NEW (N) OR	X	AMENDED (A	A)						
I certi	fy that I have exam	nined this Sta	tement and to	the best of my kn	owledge an	d belief it is true, con	ect and	d comple	te				
_	Disk	-	Mr	Allan R Suth	nerlin								
ı ype	or Print Name of	Treasurer		Andii II Odd									
Signa	ature of Treasure	r Electro	nically Filed b	y Mr. Allan	R Suthe	erlin	-	Date	м 1 1	M /	0 8	/ Y	^Y 0 1 0
NOTE	E: Submission of fa					ne person signing thi					of 2 U.S.C.	§437g.	
	Office Use Only					For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100	mmiss 530				FEC F		